NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELISABETH ROBINSON SCOVIL.

FLIES AND MOSQUITOES.—The *New York Medical Journal* says: It is happily coming to be more and more recognized that an important part of the spring attire of the house is the installation of window screens for the exclusion of flies and other insects. A study of statistics shows a rapid rise in the morbidity of infectious febrile diseases coincident with the advent of the fly and the mosquito, and the householder who adequately protects his house against the visits of these little pests goes a long way toward insuring himself and his family against these infectious diseases. The mosquito is so obnoxious for its immediate effect, the annoyance of its song and of its sting, that much more effort is put forth to destroy it or to protect the household from its effects than is exerted for the purpose of ridding the house of the fly. While the mosquito is the bearer of at least two specific infectious diseases, malarial fever and yellow fever, the fly is known to be mechanically the bearer of a wide variety of infectious diseases, one of the most dangerous of which is typhoid fever. It is quite probable that many of the cases of typhoid fever, the origin of which cannot be traced, are due to infection through the agency of flies, and the housekeeper who keeps her house free from these pests confers a double benefit on her household in promoting cleanliness and the health of its members.

BACTERIOLOGY OF SCARLET FEVER.—The *Medical Record,* quoting from the *Lancet,* says: H. Kerb tabulates the results of his observations. In general, they suggest the fact that no particular strain or variety of streptococci is more frequently present in scarlet fever than in other catarrhal and inflammatory conditions of the throat. All that has been definitely proven thus far is that the infecting agent, whatever it is, is present in the pharyngeal mucus. If none of the streptococci in the throat are causative of the primary condition, some other agent must have made it possible for them to obtain entrance to the tissues in order for them to produce the

secondary complications. Staphylococci in the air-passage are relatively increased in scarlet fever.

PNEUMONIA.—The *Journal of the American Medical Association,* in a synopsis of an article in the *British Medical Journal,* says: West thinks that we must not assume that there is only one kind of pneumococcus, and consequently one kind of pneumonia, for the serum that is obtained from one strain of pneumococcus does not seem to have any effect on that from another strain. As to the infectiveness of the disease, he thinks it very slight indeed, if it exists at all, for pneumonia patients in general wards rarely, if ever, convey the disease to their neighbors. The three points in all germ diseases are to kill the germ and prevent its spread, to neutralize its poisons, and to care for the patient. We have no means of killing the pneumonia germ within the body. He sees no hope in antitoxins, for the only serum that seems likely to be effective is one grown from the patient's own bacilli, and by the time that could be obtained the patient will be either dead or convalescent. In the care of the patient the most important thing is a devoted physician, who will stick by him, prepared to do the right thing in the nick of time, *e.g.,* administer a little strychnine just when wanted. The treatment must be largely symptomatic. He deprecates the present tendency to decry symptomatic treatment, for if one cannot treat the disease one may as well treat the patient, and, if the patient can be saved, it does not matter whether the disease has been treated or not. For "stitch" in the side, he says that three or four leeches over the painful spot will stop the pain and that it will not return. Temperature need not be dealt with unless it is over 103° F., but if it runs up to say 105°, it must be reduced, and he considers cold sponging much more convenient than the cold bath—sponging the various parts of the body in succession. A cold air-bath may be given by means of a tent frame with, if necessary, bags of ice suspended within the tent frame. Antipyretics should never be used. Their action is not permanent and is always accompanied by depressing results. Attention to the heart is most important. With dilatation of the right heart and cyanosis, venesection is required. It is not done often enough, he asserts, but it is to be used only for mechanical relief, and, therefore, many ounces must be removed; obviously, if the patient's strength cannot bear that loss, it is worse than useless to bleed him. Of drugs, digitalis is efficient but apt to be dangerous; strophanthus is less efficient. He sees most benefit from caffeine citrate with nux vomica. Oxygen inhalation is useful. Cough should not be dealt with; if considerable it is for the purpose of unloading the

bronchial tubes and should not be thwarted; if slight it does not matter. Sleeplessness must be combated. He discards chloral and the chemical soporifics, and when sleep becomes an urgent indication, gives morphine, ⅓ grain (0.02 gm.), and repeats this dose if necessary; but opium and its alkaloid are to be used with the utmost caution. Hyoscyamine he particularly cautions against in pneumonia. An ordinary case requires no alcohol or other stimulant. A little alcohol is sometimes useful in delirium. He particularly insists on the necessity for constant observation of the chest during convalescence, and cites the case of a convalescent who was sitting up eating his dinner and suddenly fell back dead. Autopsy demonstrated double empyema with the pericardium full of pus, which had been entirely unsuspected, but would have been discovered had there been continued attention to examination of the chest.

DIAGNOSIS OF SLIGHT CASES OF SCARLATINA.—The *Medical Record* quotes from *Le Bulletin Médical de Québec* the following: J. Deshaves says that scarlatina is frequently so slight that the symptoms are almost nil. There is an enanthem involving the buccopharyngeal region, an ephemeral eruption, and a desquamation of the tongue especially, preceding that of the skin. The lingual desquamation is the only characteristic point. It begins at the tip, there being a thick white coat, and extends toward the back of the tongue, leaving a red surface with prominent papillæ. This is the most characteristic symptom, and in its absence we cannot enforce quarantine. Vomiting is slight and like that of indigestion. The eruption is so slight and evanescent that it often appears and disappears in a night. It appears only on the chest, abdomen and back, and being covered by the clothing is not noticed by the mother. The fever is often very slight, and the sore throat not at all marked. But the tongue generally shows some characteristic signs.

TECHNIQUE OF ASEPSIS.—The *American Journal of Surgery* pertinently remarks: An assistant who needlessly handles sponges, instruments, or dressings, "because they are sterilized," or rests his hands upon his hips, "because his gown has been disinfected," has not yet learned that *the essence of asepsis consists in avoiding, as far as possible, contact with everything, sterilized and unsterilized.* Instruments and sponges that were sterile when handed to the surgeon may not be so after they have been in the wound; and the gloved hand of the nurse who removes soiled sponges from their handles at one stage of an operation, should not be regarded as sufficiently clean for passing sponges and dressings at a later stage.